

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594 194

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2		/						52					
3		/						53					
4		/						54					
5		/						55					
6	/							56					
7		/						57					
8		/						58					
9		/						59					
10		/						60					
11		2						61					
12		2						62					
13		2						63					
14		2						64					
15		2						65					
16	/							66					
17		/						67					
18		/						68					
19		/						69					
20		/						70					
21		/						71					
22		/						72					
23	/							73					
24		/						74					
25		/						75					
26		/						76					
27		4						77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	4												
TOTAL DEP.	31												
TOTAL CLAIMS	35												